

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568153

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

AS FILED

AFTER
4TH AMENDMENT

AFTER
3RD AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

